

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF WISCONSIN

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Urgent Care Physicians, Ltd.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-4936223

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

3329 Express Court  
Appleton, WI 54915

Number, Street, City, State & ZIP Code

Outagamie  
County

2979 Lennon Lane  
Neenah, WI 54956

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.ucpclinics.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?  
If more than 2 cases, attach a separate list.

- ☒ No.  
☐ Yes.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor

Urgent Care Physicians, Ltd.

Name

Case number (if known)

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 15, 2021**  
MM / DD / YYYY

**X /s/ Bobby B. Yun**  
Signature of authorized representative of debtor  
  
Title **President**

**Bobby B. Yun**  
Printed name

**18. Signature of attorney**

**X /s/ John W. Menn**  
Signature of attorney for debtor

Date **July 15, 2021**  
MM / DD / YYYY

**John W. Menn 1073739**  
Printed name

**STEINHILBER SWANSON LLP**  
Firm name

**107 Church Avenue**  
**Oshkosh, WI 54901**  
Number, Street, City, State & ZIP Code

Contact phone **920-235-6690** Email address **jmenn@steinhilberswanson.com**

**1073739 WI**  
Bar number and State

**UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF WISCONSIN**

---

In re:

Urgent Care Physicians, Ltd.,

Case No. 21-\_\_\_\_\_  
Chapter 11

Debtor.

---

**DECLARATION UNDER RULE 1116**

---

NOW COMES Bobby B. Yun, who makes the following statement under penalty of perjury:

1. I am the President and 96.02338% shareholder of Urgent Care Physicians, Ltd., the Debtor in this case;
2. Attached to this Declaration are the following:
  - a. 3-month cash-flow projections for the period July – September 2021
  - b. 2019 Federal Tax Return
3. As for a statement of operations, the Debtor operates an urgent care clinic located at 3329 Express Court, Appleton, Wisconsin 54915 and provides high quality, affordable health care services 365 days a year. These services include routine physicals and occupational exams, diagnosing and treating illness and injuries, and conducting labs and other diagnostic tests. I have signed a more detailed declaration which will be filed in support of other motions to be filed with the Court in this case, further outlining the scope of the Debtor's operations.
4. The current balance sheet printout from our Quick Books system has some inaccuracies – specifically, it is showing various payroll withholding liabilities as still owing, when in fact they were paid in the ordinary course of business. I am reviewing our Quick Books information to determine the error and correct it, and will file an accurate balance sheet as soon as this information is corrected.
5. I make this declaration based on my own knowledge, under penalty of perjury, as required by 11 U.S.C. § 1116(1)(A) and (B).

Dated this July 15, 2021.

/s/ Bobby B. Yun  
Bobby B. Yun



**UCP 3-month Projection**

	<b>July</b>	<b>Aug</b>	<b>Sept</b>
<b>Income</b>			
<b>Services</b>			
<b>Total Income</b>	\$ 98,000.00	\$ 101,000.00	\$ 105,000.00
<b>Expenses</b>			
<b>Advertising/Promotional</b>	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
<b>Auto</b>	\$ 400.00	\$ 400.00	\$ 400.00
<b>Bank Charges</b>	\$ 1,175.60	\$ 1,175.60	\$ 1,175.60
<b>CME</b>	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
<b>Consulting Expense</b>	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
<b>Data Processing Charges</b>	\$ 800.00	\$ 800.00	\$ 800.00
<b>Insurance</b>			
<b>Dental</b>	\$ 57.61	\$ 57.61	\$ 57.61
<b>Insurance - Liability</b>	\$ 815.19	\$ 815.19	\$ 815.19
<b>Insurance - Malpractice</b>	\$ 150.67	\$ 150.67	\$ 150.67
<b>Medical</b>	\$ 650.00	\$ 650.00	\$ 650.00
<b>Total Insurance</b>	\$ 1,673.47	\$ 1,673.47	\$ 1,673.47
<b>Loan/Interest Payments (BoA)</b>	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
<b>IT</b>			
<b>IT</b>	\$ 200.00	\$ 200.00	\$ 200.00
<b>EMR</b>	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
<b>Total IT</b>	\$ 2,700.00	\$ 2,700.00	\$ 2,700.00
<b>Legal &amp; Professional Fees</b>	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
<b>Medical Supplies</b>	\$ 3,500.00	\$ 3,500.00	\$ 3,500.00
<b>Office Expenses</b>			
<b>Office Supplies</b>	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
<b>Staff Appreciation</b>	\$ 500.00	\$ 500.00	\$ 500.00
<b>Postage and Delivery</b>	\$ 300.00	\$ 300.00	\$ 300.00
<b>Total Office Expenses</b>	\$ 2,800.00	\$ 2,800.00	\$ 2,800.00
<b>Payroll Expenses</b>			
<b>Company Contributions - Retirement</b>	\$ 759.56	\$ 796.26	\$ 847.64
<b>Deductions</b>	\$ 4,053.53	\$ 4,249.39	\$ 4,523.60
<b>Taxes</b>	\$ 3,483.06	\$ 3,651.36	\$ 3,886.98
<b>Wages</b>	\$ 46,739.69	\$ 46,739.69	\$ 46,739.69
<b>Officer Compensation (Dr. Yun)</b>	\$ 5,000.00	\$ 7,500.00	\$ 11,000.00
<b>Total Payroll Expenses</b>	\$ 60,035.85	\$ 62,936.71	\$ 66,997.91
<b>Radiology Services</b>	\$ 100.00	\$ 100.00	\$ 100.00
<b>Reimbursements</b>	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
<b>Rent or Lease</b>	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00
<b>Total Repair &amp; Maintenance</b>	\$ 900.00	\$ 900.00	\$ 900.00
<b>Travel</b>	\$ 400.00	\$ 400.00	\$ 400.00
<b>Travel Meals</b>	\$ 200.00	\$ 200.00	\$ 200.00
<b>Utilities</b>	\$ 1,650.00	\$ 1,650.00	\$ 1,650.00
<b>Total Expenses</b>	\$ 97,834.91	\$ 100,735.77	\$ 104,796.97
<b>Net Income</b>	\$ 165.09	\$ 264.23	\$ 203.03

**2019 S Corporation Return**  
prepared for:

**Urgent Care Physicians Ltd**  
2979 Lennon Lane  
Neenah, WI 54956

**Heling & Associates, CPA'S, LLC**  
1977 American Dr  
Neenah, WI 54956-1238



**U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service▶ Do not file this form unless the corporation has filed or  
is attaching Form 2553 to elect to be an S corporation.▶ Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.**2019**

For calendar year 2019 or tax year beginning , 2019, ending , 20

<b>A</b> S election effective date 02/25/2014	<b>TYPE OR PRINT</b>	Name Urgent Care Physicians Ltd	<b>D</b> Employer identification number 5223
<b>B</b> Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 2979 Lennon Lane	<b>E</b> Date incorporated 02/25/2014
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code Neenah WI 54956	<b>F</b> Total assets (see instructions) \$ 190,493.

**G** Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year . . . . . 4**J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b> 1,389,395.	
	<b>b</b> Returns and allowances . . . . .	<b>1b</b> 2,640.	
	<b>c</b> Balance. Subtract line 1b from line 1a . . . . .		<b>1c</b> 1,386,755.
	<b>2</b> Cost of goods sold (attach Form 1125-A) . . . . .		<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .		<b>3</b> 1,386,755.
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797) . . . . .		<b>4</b>
<b>5</b> Other income (loss) (see instructions—attach statement) . . . . .		<b>5</b>	
<b>6</b> <b>Total income (loss).</b> Add lines 3 through 5 . . . . . ▶		<b>6</b> 1,386,755.	
<b>Deductions</b> (see instructions for limitations)	<b>7</b> Compensation of officers (see instructions—attach Form 1125-E) . . . . .		<b>7</b> 219,454.
	<b>8</b> Salaries and wages (less employment credits) . . . . .		<b>8</b> 485,154.
	<b>9</b> Repairs and maintenance . . . . .		<b>9</b> 18,833.
	<b>10</b> Bad debts . . . . .		<b>10</b>
	<b>11</b> Rents . . . . .		<b>11</b> 119,319.
	<b>12</b> Taxes and licenses . . . . .		<b>12</b> 56,761.
	<b>13</b> Interest (see instructions) . . . . .		<b>13</b> 34,522.
	<b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . . . .		<b>14</b> 30,050.
	<b>15</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> ) . . . . .		<b>15</b>
	<b>16</b> Advertising . . . . .		<b>16</b> 4,207.
	<b>17</b> Pension, profit-sharing, etc., plans . . . . .		<b>17</b>
	<b>18</b> Employee benefit programs . . . . .		<b>18</b>
	<b>19</b> Other deductions (attach statement) See Statement . . . . .		<b>19</b> 352,656.
	<b>20</b> <b>Total deductions.</b> Add lines 7 through 19 . . . . . ▶		<b>20</b> 1,320,956.
	<b>21</b> <b>Ordinary business income (loss).</b> Subtract line 20 from line 6 . . . . .		<b>21</b> 65,799.
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions) . . . . .	<b>22a</b>	<b>22c</b>
	<b>b</b> Tax from Schedule D (Form 1120-S) . . . . .	<b>22b</b>	
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes) . . . . .		<b>23e</b> 0.
	<b>23a</b> 2019 estimated tax payments and 2018 overpayment credited to 2019 . . . . .	<b>23a</b>	
	<b>b</b> Tax deposited with Form 7004 . . . . .	<b>23b</b> 0.	
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136) . . . . .	<b>23c</b>	
	<b>d</b> Reserved for future use . . . . .	<b>23d</b>	
	<b>e</b> Add lines 23a through 23d . . . . .		<b>23e</b> 0.
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . ▶ <input type="checkbox"/>		<b>24</b>
	<b>25</b> <b>Amount owed.</b> If line 23e is smaller than the total of lines 22c and 24, enter amount owed . . . . .		<b>25</b> 0.
	<b>26</b> <b>Overpayment.</b> If line 23e is larger than the total of lines 22c and 24, enter amount overpaid . . . . .		<b>26</b>
	<b>27</b> Enter amount from line 26: <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶		<b>27</b>

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Kurt K Heling CPA	Date 10/05/2020	President Title	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--------------------	--------------------	--

**Paid  
Preparer  
Use Only**

Print/Type preparer's name Kurt K Heling CPA	Preparer's signature Kurt K Heling CPA	Date 10/05/2020	Check <input type="checkbox"/> if self-employed PTIN
Firm's name ▶ Heling & Associates, CPA'S, LLC	Firm's EIN ▶ 517		
Firm's address ▶ 1977 American Dr Neenah WI 54956-1238	Phone no. (920) 886-2241		

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 06/30/20 PRO

Form **1120-S** (2019)

**Schedule B Other Information** (see instructions)

- 1** Check accounting method: **a** ☒ Cash **b** ☐ Accrual  
**c** ☐ Other (specify) ▶ \_\_\_\_\_
- 2** See the instructions and enter the:  
**a** Business activity ▶ Medical Practice **b** Product or service ▶ Medical Service
- 3** At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . . . . **X**
- 4** At the end of the tax year, did the corporation:
- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . . **X**

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . . **X**

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- 5a** At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . . **X**  
If "Yes," complete lines (i) and (ii) below.  
**(i)** Total shares of restricted stock . . . . .  
**(ii)** Total shares of non-restricted stock . . . . .
- b** At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . . **X**  
If "Yes," complete lines (i) and (ii) below.  
**(i)** Total shares of stock outstanding at the end of the tax year . . . . .  
**(ii)** Total shares of stock outstanding if all instruments were executed ▶ \_\_\_\_\_
- 6** Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . . **X**
- 7** Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . ☐  
If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.
- 8** If the corporation **(a)** was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation **and** **(b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions . . . . . ▶ \$ \_\_\_\_\_
- 9** Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . . **X**
- 10** Does the corporation satisfy one or more of the following? See instructions . . . . . **X**
- a** The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.
- b** The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.
- c** The corporation is a tax shelter and the corporation has business interest expense.  
If "Yes," complete and attach Form 8990.
- 11** Does the corporation satisfy **both** of the following conditions? . . . . . **X**
- a** The corporation's total receipts (see instructions) for the tax year were less than \$250,000.
- b** The corporation's total assets at the end of the tax year were less than \$250,000.  
If "Yes," the corporation is not required to complete Schedules L and M-1.

<b>Schedule B Other Information</b> (see instructions) (continued)		Yes	No
<b>12</b>	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . . If "Yes," enter the amount of principal reduction . . . . . ▶ \$		X
<b>13</b>	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .		X
<b>14a</b>	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099? . . . . .	X	
<b>b</b>	If "Yes," did the corporation file or will it file required Form(s) 1099? . . . . .	X	
<b>15</b>	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . If "Yes," enter the amount from Form 8996, line 14 . . . . . ▶ \$		X

<b>Schedule K Shareholders' Pro Rata Share Items</b>		Total amount
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 21) . . . . .	<b>1</b> 65,799.
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>
	<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>	
	<b>b</b> Expenses from other rental activities (attach statement) . . . . . <b>3b</b>	
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . . <b>3c</b>	
	<b>4</b> Interest income . . . . . <b>4</b>	2.
	<b>5</b> Dividends: <b>a</b> Ordinary dividends . . . . . <b>5a</b> <b>b</b> Qualified dividends . . . . . <b>5b</b>	
	<b>6</b> Royalties . . . . . <b>6</b>	
	<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . <b>7</b>	
	<b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . <b>8a</b>	
<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>8b</b>		
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>8c</b>		
<b>9</b> Net section 1231 gain (loss) (attach Form 4797) . . . . . <b>9</b>		
<b>10</b> Other income (loss) (see instructions) . . . . . Type ▶ <b>10</b>		
<b>Deductions</b>	<b>11</b> Section 179 deduction (attach Form 4562) . . . . . <b>11</b>	
	<b>12a</b> Charitable contributions . . . . . <b>12a</b>	
	<b>b</b> Investment interest expense . . . . . <b>12b</b>	
	<b>c</b> Section 59(e)(2) expenditures <b>(1) Type ▶</b> . . . . . <b>(2) Amount ▶</b> <b>12c(2)</b>	
<b>d</b> Other deductions (see instructions) . . . . . Type ▶ <b>12d</b>		
<b>Credits</b>	<b>13a</b> Low-income housing credit (section 42(j)(5)) . . . . . <b>13a</b>	
	<b>b</b> Low-income housing credit (other) . . . . . <b>13b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . . <b>13c</b>	
	<b>d</b> Other rental real estate credits (see instructions) Type ▶ <b>13d</b>	
	<b>e</b> Other rental credits (see instructions) Type ▶ <b>13e</b>	
	<b>f</b> Biofuel producer credit (attach Form 6478) . . . . . <b>13f</b>	
	<b>g</b> Other credits (see instructions) . . . . . Type ▶ <b>13g</b>	
<b>Foreign Transactions</b>	<b>14a</b> Name of country or U.S. possession ▶ <b>14b</b>	
	<b>b</b> Gross income from all sources . . . . . <b>14b</b>	
	<b>c</b> Gross income sourced at shareholder level . . . . . <b>14c</b>	
	Foreign gross income sourced at corporate level . . . . . <b>14d</b>	
	<b>d</b> Reserved for future use . . . . . <b>14d</b>	
	<b>e</b> Foreign branch category . . . . . <b>14e</b>	
	<b>f</b> Passive category . . . . . <b>14f</b>	
	<b>g</b> General category . . . . . <b>14g</b>	
	<b>h</b> Other (attach statement) . . . . . <b>14h</b>	
	Deductions allocated and apportioned at shareholder level . . . . . <b>14i</b>	
	<b>i</b> Interest expense . . . . . <b>14i</b>	
	<b>j</b> Other . . . . . <b>14j</b>	
	Deductions allocated and apportioned at corporate level to foreign source income . . . . . <b>14k</b>	
	<b>k</b> Reserved for future use . . . . . <b>14k</b>	
	<b>l</b> Foreign branch category . . . . . <b>14l</b>	
	<b>m</b> Passive category . . . . . <b>14m</b>	
	<b>n</b> General category . . . . . <b>14n</b>	
	<b>o</b> Other (attach statement) . . . . . <b>14o</b>	
Other information . . . . . <b>14p</b>		
<b>p</b> Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued . . . . . ▶ <b>14p</b>		
<b>q</b> Reduction in taxes available for credit (attach statement) . . . . . <b>14q</b>		
<b>r</b> Other foreign tax information (attach statement) . . . . . <b>14r</b>		



<b>Schedule K Shareholders' Pro Rata Share Items (continued)</b>		<b>Total amount</b>	
<b>Alternative Minimum Tax (AMT) Items</b>	<b>15a</b> Post-1986 depreciation adjustment . . . . .	<b>15a</b>	-3,460.
	<b>b</b> Adjusted gain or loss . . . . .	<b>15b</b>	
	<b>c</b> Depletion (other than oil and gas) . . . . .	<b>15c</b>	
	<b>d</b> Oil, gas, and geothermal properties—gross income . . . . .	<b>15d</b>	
	<b>e</b> Oil, gas, and geothermal properties—deductions . . . . .	<b>15e</b>	
	<b>f</b> Other AMT items (attach statement) . . . . .	<b>15f</b>	
<b>Items Affecting Shareholder Basis</b>	<b>16a</b> Tax-exempt interest income . . . . .	<b>16a</b>	
	<b>b</b> Other tax-exempt income . . . . .	<b>16b</b>	
	<b>c</b> Nondeductible expenses . . . . .	<b>16c</b>	1,479.
	<b>d</b> Distributions (attach statement if required) (see instructions) . . . . .	<b>16d</b>	
	<b>e</b> Repayment of loans from shareholders . . . . .	<b>16e</b>	
<b>Other Information</b>	<b>17a</b> Investment income . . . . .	<b>17a</b>	2.
	<b>b</b> Investment expenses . . . . .	<b>17b</b>	
	<b>c</b> Dividend distributions paid from accumulated earnings and profits . . . . .	<b>17c</b>	
	<b>d</b> Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A . . . . .		
<b>Reconciliation</b>	<b>18 Income (loss) reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p . . . . .	<b>18</b>	65,801.

<b>Schedule L Balance Sheets per Books</b>		<b>Beginning of tax year</b>		<b>End of tax year</b>	
<b>Assets</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>1</b>	Cash . . . . .				8,020.
<b>2a</b>	Trade notes and accounts receivable . . . . .				
<b>b</b>	Less allowance for bad debts . . . . .	( )		( )	
<b>3</b>	Inventories . . . . .				
<b>4</b>	U.S. government obligations . . . . .				
<b>5</b>	Tax-exempt securities (see instructions) . . . . .				
<b>6</b>	Other current assets (attach statement) . . . . .				
<b>7</b>	Loans to shareholders . . . . .		76,663.		1,950.
<b>8</b>	Mortgage and real estate loans . . . . .				
<b>9</b>	Other investments (attach statement) . . . . .				
<b>10a</b>	Buildings and other depreciable assets . . . . .	392,517.		392,517.	
<b>b</b>	Less accumulated depreciation . . . . .	( 174,041.)	218,476.	( 211,994.)	180,523.
<b>11a</b>	Depletable assets . . . . .				
<b>b</b>	Less accumulated depletion . . . . .	( )		( )	
<b>12</b>	Land (net of any amortization) . . . . .				
<b>13a</b>	Intangible assets (amortizable only) . . . . .				
<b>b</b>	Less accumulated amortization . . . . .	( )		( )	
<b>14</b>	Other assets (attach statement) . . . . .				
<b>15</b>	<b>Total assets</b> . . . . .		295,139.		190,493.
<b>Liabilities and Shareholders' Equity</b>					
<b>16</b>	Accounts payable . . . . .				
<b>17</b>	Mortgages, notes, bonds payable in less than 1 year . . . . .				
<b>18</b>	Other current liabilities (attach statement) In 18 St . . . . .		166,904.		136,264.
<b>19</b>	Loans from shareholders . . . . .				48,284.
<b>20</b>	Mortgages, notes, bonds payable in 1 year or more . . . . .		868,610.		691,737.
<b>21</b>	Other liabilities (attach statement) . . . . .				
<b>22</b>	Capital stock . . . . .		2,004.		2,004.
<b>23</b>	Additional paid-in capital . . . . .		444,875.		444,875.
<b>24</b>	Retained earnings . . . . .		-784,754.		-730,171.
<b>25</b>	Adjustments to shareholders' equity (attach statement) . . . . .				
<b>26</b>	Less cost of treasury stock . . . . .		( 402,500.)		( 402,500.)
<b>27</b>	<b>Total liabilities and shareholders' equity</b> . . . . .		295,139.		190,493.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

<b>1</b>	Net income (loss) per books . . . . .	54,583.	<b>5</b>	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		<b>a</b>	Tax-exempt interest \$ _____	
<b>3</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		<b>6</b>	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
<b>a</b>	Depreciation \$ _____ 37,954.		<b>a</b>	Depreciation \$ _____ 30,050.	30,050.
<b>b</b>	Travel and entertainment \$ _____ 1,479.		<b>7</b>	Add lines 5 and 6 . . . . .	30,050.
	Officer Insurance _____ 1,835.	41,268.	<b>8</b>	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 . . . . .	65,801.
<b>4</b>	Add lines 1 through 3 . . . . .	95,851.			

**Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account**  
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b>	Balance at beginning of tax year . . . . .	-123,208.		
<b>2</b>	Ordinary income from page 1, line 21 . . . . .	65,799.		
<b>3</b>	Other additions Interest income . . . . .	2.		
<b>4</b>	Loss from page 1, line 21 . . . . .	( )		
<b>5</b>	Other reductions Meals and entertainment . . . . .	( 1,479.)		( )
<b>6</b>	Combine lines 1 through 5 . . . . .	-58,886.		
<b>7</b>	Distributions . . . . .			
<b>8</b>	Balance at end of tax year. Subtract line 7 from line 6 . . . . .	-58,886.		

REV 06/30/20 PRO

Form **1120-S** (2019)

**Schedule K-1  
(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning        /        / 2019 ending        /        /       **Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number  
6223**B** Corporation's name, address, city, state, and ZIP code  
Urgent Care Physicians Ltd  
  
2979 Lennon Lane  
Neenah WI 54956**C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013**Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code  
Bobby B Yun, MD  
  
691 S Green Bay Rd Apt 168  
Neenah WI 54956**F** Shareholder's percentage of stock  
ownership for tax year 96.62338 %☐ Final K-1☐ Amended K-1**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	63,182.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	2.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	-3,322.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions	C	1,420.
		<b>17</b>	Other information
		A	2.
		V	* STMT

**18** ☐ More than one activity for at-risk purposes\***19** ☐ More than one activity for passive activity purposes\*

\* See attached statement for additional information.

For IRS Use Only

**This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.**

	<i>Report on</i>	<i>Code</i>	<i>Report on</i>
<b>1. Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		<b>N</b> Credit for employer social security and Medicare taxes	See the Shareholder's Instructions
Passive loss	See the Shareholder's Instructions	<b>O</b> Backup withholding	
Passive income	Schedule E, line 28, column (h)	<b>P</b> Other credits	
Nonpassive loss	See the Shareholder's Instructions		
Nonpassive income	Schedule E, line 28, column (k)		
<b>2. Net rental real estate income (loss)</b>	See the Shareholder's Instructions	<b>14. Foreign transactions</b>	
<b>3. Other net rental income (loss)</b>		<b>A</b> Name of country or U.S. possession	Form 1116, Part I
Net income	Schedule E, line 28, column (h)	<b>B</b> Gross income from all sources	
Net loss	See the Shareholder's Instructions	<b>C</b> Gross income sourced at shareholder level	
<b>4. Interest income</b>	Form 1040 or 1040-SR, line 2b	<i>Foreign gross income sourced at corporate level</i>	
<b>5a. Ordinary dividends</b>	Form 1040 or 1040-SR, line 3b	<b>D</b> Reserved for future use	Form 1116, Part I
<b>5b. Qualified dividends</b>	Form 1040 or 1040-SR, line 3a	<b>E</b> Foreign branch category	
<b>6. Royalties</b>	Schedule E, line 4	<b>F</b> Passive category	
<b>7. Net short-term capital gain (loss)</b>	Schedule D, line 5	<b>G</b> General category	
<b>8a. Net long-term capital gain (loss)</b>	Schedule D, line 12	<b>H</b> Other	
<b>8b. Collectibles (28%) gain (loss)</b>	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	<i>Deductions allocated and apportioned at shareholder level</i>	
<b>8c. Unrecaptured section 1250 gain</b>	See the Shareholder's Instructions	<b>I</b> Interest expense	Form 1116, Part I
<b>9. Net section 1231 gain (loss)</b>	See the Shareholder's Instructions	<b>J</b> Other	Form 1116, Part I
<b>10. Other income (loss)</b>		<i>Deductions allocated and apportioned at corporate level to foreign source income</i>	
<i>Code</i>		<b>K</b> Reserved for future use	Form 1116, Part I
<b>A</b> Other portfolio income (loss)	See the Shareholder's Instructions	<b>L</b> Foreign branch category	
<b>B</b> Involuntary conversions	See the Shareholder's Instructions	<b>M</b> Passive category	
<b>C</b> Sec. 1256 contracts & straddles	Form 6781, line 1	<b>N</b> General category	
<b>D</b> Mining exploration costs recapture	See Pub. 535	<b>O</b> Other	
<b>E</b> Reserved for future use		<i>Other information</i>	
<b>F</b> Section 965(a) inclusion		<b>R</b> Total foreign taxes paid	Form 1116, Part II
<b>G</b> Income under subpart F (other than inclusions under sections 951A and 965)	See the Shareholder's Instructions	<b>Q</b> Total foreign taxes accrued	Form 1116, Part II
<b>H</b> Other income (loss)		<b>R</b> Reduction in taxes available for credit	Form 1116, line 12
<b>11. Section 179 deduction</b>	See the Shareholder's Instructions	<b>S</b> Foreign trading gross receipts	Form 8873
<b>12. Other deductions</b>		<b>T</b> Extraterritorial income exclusion	Form 8873
<b>A</b> Cash contributions (60%)	See the Shareholder's Instructions	<b>U</b> Section 965 information	See the Shareholder's Instructions
<b>B</b> Cash contributions (30%)		<b>V</b> Other foreign transactions	See the Shareholder's Instructions
<b>C</b> Noncash contributions (50%)		<b>15. Alternative minimum tax (AMT) items</b>	
<b>D</b> Noncash contributions (30%)		<b>A</b> Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251
<b>E</b> Capital gain property to a 50% organization (30%)		<b>B</b> Adjusted gain or loss	
<b>F</b> Capital gain property (20%)		<b>C</b> Depletion (other than oil & gas)	
<b>G</b> Contributions (100%)		<b>D</b> Oil, gas, & geothermal—gross income	
<b>H</b> Investment interest expense	Form 4952, line 1	<b>E</b> Oil, gas, & geothermal—deductions	
<b>I</b> Deductions—royalty income	Schedule E, line 19	<b>F</b> Other AMT items	
<b>J</b> Section 59(e)(2) expenditures	See the Shareholder's Instructions	<b>16. Items affecting shareholder basis</b>	
<b>K</b> Section 965(c) deduction	See the Shareholder's Instructions	<b>A</b> Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
<b>L</b> Deductions—portfolio (other)	Schedule A, line 16	<b>B</b> Other tax-exempt income	See the Shareholder's Instructions
<b>M</b> Preproductive period expenses	See the Shareholder's Instructions	<b>C</b> Nondeductible expenses	
<b>N</b> Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions	<b>D</b> Distributions	
<b>O</b> Reforestation expense deduction through R	See the Shareholder's Instructions	<b>E</b> Repayment of loans from shareholders	
<b>P</b> through R	Reserved for future use	<b>17. Other information</b>	
<b>S</b> Other deductions	See the Shareholder's Instructions	<b>A</b> Investment income	Form 4952, line 4a
<b>13. Credits</b>		<b>B</b> Investment expenses	Form 4952, line 5
<b>A</b> Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Shareholder's Instructions	<b>C</b> Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
<b>B</b> Low-income housing credit (other) from pre-2008 buildings		<b>D</b> Basis of energy property	See the Shareholder's Instructions
<b>C</b> Low-income housing credit (section 42(j)(5)) from post-2007 buildings		<b>E</b> Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
<b>D</b> Low-income housing credit (other) from post-2007 buildings		<b>F</b> Recapture of low-income housing credit (other)	Form 8611, line 8
<b>E</b> Qualified rehabilitation expenditures (rental real estate)		<b>G</b> Recapture of investment credit	See Form 4255
<b>F</b> Other rental real estate credits		<b>H</b> Recapture of other credits	See the Shareholder's Instructions
<b>G</b> Other rental credits		<b>I</b> Look-back interest—completed long-term contracts	See Form 8697
<b>H</b> Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line 13, box a	<b>J</b> Look-back interest—income forecast method	See Form 8866
<b>I</b> Biofuel producer credit	See the Shareholder's Instructions	<b>K</b> Dispositions of property with section 179 deductions	See the Shareholder's Instructions
<b>J</b> Work opportunity credit		<b>L</b> Recapture of section 179 deduction through U	
<b>K</b> Disabled access credit		<b>V</b> Section 199A information through Z	
<b>L</b> Empowerment zone employment credit		<b>W</b> through Z	Reserved for future use
<b>M</b> Credit for increasing research activities		<b>AA</b> Excess taxable income	See the Shareholder's Instructions
		<b>AB</b> Excess business interest income	
		<b>AC</b> Other information	



## Statement A—QBI Pass-through Entity Reporting

Page 1

Corporation's name: Urgent Care Physicians Ltd		Corporation's EIN: 136223	
Shareholder's name: Bobby B Yun, MD		Shareholder's identifying no: 1	
Shareholder's share of:		1120S, Line 21	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
		<input checked="" type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
Ordinary business income (loss)	63,182.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	676,588.		
UBIA of qualified property	376,908.		
Section 199A dividends			

## Statement A—QBI Pass-through Entity Reporting

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
Shareholder's share of:		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

REV 06/30/20 PRO



**Schedule K-1  
(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning      /      / 2019 ending      /      /     **Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number  
223**B** Corporation's name, address, city, state, and ZIP code  
Urgent Care Physicians Ltd  
  
2979 Lennon Lane  
Neenah WI 54956**C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013**Part II Information About the Shareholder****D** Shareholder's identifying number                     **E** Shareholder's name, address, city, state, and ZIP code  
David Beck, MD  
  
153 Lamplighter Dr Apt 7  
Kaukauna WI 54130**F** Shareholder's percentage of stock  
ownership for tax year 1.81287 %

For IRS Use Only

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	<u>1,193.</u>		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	<u>0.</u>		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<u>A</u>	<u>-63.</u>
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions	<u>C</u>	<u>27.</u>
		<b>17</b>	Other information
		<u>A</u>	<u>0.</u>
		<u>V</u>	<u>* STMT</u>
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.

**This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.**

	<i>Report on</i>	<i>Code</i>	<i>Report on</i>
<b>1. Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		<b>N</b> Credit for employer social security and Medicare taxes	See the Shareholder's Instructions
Passive loss	See the Shareholder's Instructions	<b>O</b> Backup withholding	
Passive income	Schedule E, line 28, column (h)	<b>P</b> Other credits	
Nonpassive loss	See the Shareholder's Instructions		
Nonpassive income	Schedule E, line 28, column (k)		
<b>2. Net rental real estate income (loss)</b>	See the Shareholder's Instructions	<b>14. Foreign transactions</b>	
<b>3. Other net rental income (loss)</b>		<b>A</b> Name of country or U.S. possession	Form 1116, Part I
Net income	Schedule E, line 28, column (h)	<b>B</b> Gross income from all sources	
Net loss	See the Shareholder's Instructions	<b>C</b> Gross income sourced at shareholder level	
<b>4. Interest income</b>	Form 1040 or 1040-SR, line 2b	<i>Foreign gross income sourced at corporate level</i>	
<b>5a. Ordinary dividends</b>	Form 1040 or 1040-SR, line 3b	<b>D</b> Reserved for future use	Form 1116, Part I
<b>5b. Qualified dividends</b>	Form 1040 or 1040-SR, line 3a	<b>E</b> Foreign branch category	
<b>6. Royalties</b>	Schedule E, line 4	<b>F</b> Passive category	
<b>7. Net short-term capital gain (loss)</b>	Schedule D, line 5	<b>G</b> General category	
<b>8a. Net long-term capital gain (loss)</b>	Schedule D, line 12	<b>H</b> Other	
<b>8b. Collectibles (28%) gain (loss)</b>	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	<i>Deductions allocated and apportioned at shareholder level</i>	
<b>8c. Unrecaptured section 1250 gain</b>	See the Shareholder's Instructions	<b>I</b> Interest expense	Form 1116, Part I
<b>9. Net section 1231 gain (loss)</b>	See the Shareholder's Instructions	<b>J</b> Other	Form 1116, Part I
<b>10. Other income (loss)</b>		<i>Deductions allocated and apportioned at corporate level to foreign source income</i>	
<i>Code</i>		<b>K</b> Reserved for future use	
<b>A</b> Other portfolio income (loss)	See the Shareholder's Instructions	<b>L</b> Foreign branch category	Form 1116, Part I
<b>B</b> Involuntary conversions	See the Shareholder's Instructions	<b>M</b> Passive category	
<b>C</b> Sec. 1256 contracts & straddles	Form 6781, line 1	<b>N</b> General category	
<b>D</b> Mining exploration costs recapture	See Pub. 535	<b>O</b> Other	
<b>E</b> Reserved for future use		<i>Other information</i>	
<b>F</b> Section 965(a) inclusion		<b>R</b> Total foreign taxes paid	Form 1116, Part II
<b>G</b> Income under subpart F (other than inclusions under sections 951A and 965)	See the Shareholder's Instructions	<b>Q</b> Total foreign taxes accrued	Form 1116, Part II
<b>H</b> Other income (loss)		<b>R</b> Reduction in taxes available for credit	Form 1116, line 12
<b>11. Section 179 deduction</b>	See the Shareholder's Instructions	<b>S</b> Foreign trading gross receipts	Form 8873
<b>12. Other deductions</b>		<b>T</b> Extraterritorial income exclusion	Form 8873
<b>A</b> Cash contributions (60%)	See the Shareholder's Instructions	<b>U</b> Section 965 information	See the Shareholder's Instructions
<b>B</b> Cash contributions (30%)		<b>V</b> Other foreign transactions	See the Shareholder's Instructions
<b>C</b> Noncash contributions (50%)		<b>15. Alternative minimum tax (AMT) items</b>	
<b>D</b> Noncash contributions (30%)		<b>A</b> Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251
<b>E</b> Capital gain property to a 50% organization (30%)		<b>B</b> Adjusted gain or loss	
<b>F</b> Capital gain property (20%)		<b>C</b> Depletion (other than oil & gas)	
<b>G</b> Contributions (100%)		<b>D</b> Oil, gas, & geothermal—gross income	
<b>H</b> Investment interest expense	Form 4952, line 1	<b>E</b> Oil, gas, & geothermal—deductions	
<b>I</b> Deductions—royalty income	Schedule E, line 19	<b>F</b> Other AMT items	
<b>J</b> Section 59(e)(2) expenditures	See the Shareholder's Instructions	<b>16. Items affecting shareholder basis</b>	
<b>K</b> Section 965(c) deduction	See the Shareholder's Instructions	<b>A</b> Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
<b>L</b> Deductions—portfolio (other)	Schedule A, line 16	<b>B</b> Other tax-exempt income	See the Shareholder's Instructions
<b>M</b> Preproductive period expenses	See the Shareholder's Instructions	<b>C</b> Nondeductible expenses	
<b>N</b> Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions	<b>D</b> Distributions	
<b>O</b> Reforestation expense deduction through R	See the Shareholder's Instructions	<b>E</b> Repayment of loans from shareholders	
<b>P</b> Reserved for future use		<b>17. Other information</b>	
<b>S</b> Other deductions	See the Shareholder's Instructions	<b>A</b> Investment income	Form 4952, line 4a
<b>13. Credits</b>		<b>B</b> Investment expenses	Form 4952, line 5
<b>A</b> Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Shareholder's Instructions	<b>C</b> Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
<b>B</b> Low-income housing credit (other) from pre-2008 buildings		<b>D</b> Basis of energy property	See the Shareholder's Instructions
<b>C</b> Low-income housing credit (section 42(j)(5)) from post-2007 buildings		<b>E</b> Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
<b>D</b> Low-income housing credit (other) from post-2007 buildings		<b>F</b> Recapture of low-income housing credit (other)	Form 8611, line 8
<b>E</b> Qualified rehabilitation expenditures (rental real estate)		<b>G</b> Recapture of investment credit	See Form 4255
<b>F</b> Other rental real estate credits		<b>H</b> Recapture of other credits	See the Shareholder's Instructions
<b>G</b> Other rental credits		<b>I</b> Look-back interest—completed long-term contracts	See Form 8697
<b>H</b> Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line 13, box a	<b>J</b> Look-back interest—income forecast method	See Form 8866
<b>I</b> Biofuel producer credit	See the Shareholder's Instructions	<b>K</b> Dispositions of property with section 179 deductions	See the Shareholder's Instructions
<b>J</b> Work opportunity credit		<b>L</b> Recapture of section 179 deduction through U	
<b>K</b> Disabled access credit		<b>V</b> Section 199A information	
<b>L</b> Empowerment zone employment credit		<b>W</b> through Z	Reserved for future use
<b>M</b> Credit for increasing research activities		<b>AA</b> Excess taxable income	See the Shareholder's Instructions
		<b>AB</b> Excess business interest income	
		<b>AC</b> Other information	

## Statement A—QBI Pass-through Entity Reporting

Page 1

Corporation's name: Urgent Care Physicians Ltd		Corporation's EIN: 223	
Shareholder's name: David Beck, MD		Shareholder's identifying no:	
1120S, Line 21			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input checked="" type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Shareholder's share of:			
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)	1,193.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	12,774.		
UBIA of qualified property	7,116.		
Section 199A dividends			

## Statement A—QBI Pass-through Entity Reporting

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Shareholder's share of:			
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

REV 06/30/20 PRO

**Schedule K-1  
(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning / / 2019 ending / /

**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number  
6223**B** Corporation's name, address, city, state, and ZIP code  
Urgent Care Physicians Ltd  
  
2979 Lennon Lane  
Neenah WI 54956**C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013**Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code  
Mary Zack, RN  
  
545 Russell Dr  
Ripon WI 54971**F** Shareholder's percentage of stock  
ownership for tax year 1.92983 %☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	1,270.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	0.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	-67.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions	C	29.
		<b>17</b>	Other information
		A	0.
		V	* STMT
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.

For IRS Use Only



**This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.**

	<i>Report on</i>	<i>Code</i>	<i>Report on</i>
<b>1. Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		<b>N</b> Credit for employer social security and Medicare taxes	See the Shareholder's Instructions
Passive loss	See the Shareholder's Instructions	<b>O</b> Backup withholding	
Passive income	Schedule E, line 28, column (h)	<b>P</b> Other credits	
Nonpassive loss	See the Shareholder's Instructions		
Nonpassive income	Schedule E, line 28, column (k)		
<b>2. Net rental real estate income (loss)</b>	See the Shareholder's Instructions	<b>14. Foreign transactions</b>	
<b>3. Other net rental income (loss)</b>		<b>A</b> Name of country or U.S. possession	Form 1116, Part I
Net income	Schedule E, line 28, column (h)	<b>B</b> Gross income from all sources	
Net loss	See the Shareholder's Instructions	<b>C</b> Gross income sourced at shareholder level	
<b>4. Interest income</b>	Form 1040 or 1040-SR, line 2b	<i>Foreign gross income sourced at corporate level</i>	
<b>5a. Ordinary dividends</b>	Form 1040 or 1040-SR, line 3b	<b>D</b> Reserved for future use	Form 1116, Part I
<b>5b. Qualified dividends</b>	Form 1040 or 1040-SR, line 3a	<b>E</b> Foreign branch category	
<b>6. Royalties</b>	Schedule E, line 4	<b>F</b> Passive category	
<b>7. Net short-term capital gain (loss)</b>	Schedule D, line 5	<b>G</b> General category	
<b>8a. Net long-term capital gain (loss)</b>	Schedule D, line 12	<b>H</b> Other	
<b>8b. Collectibles (28%) gain (loss)</b>	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	<i>Deductions allocated and apportioned at shareholder level</i>	
<b>8c. Unrecaptured section 1250 gain</b>	See the Shareholder's Instructions	<b>I</b> Interest expense	Form 1116, Part I
<b>9. Net section 1231 gain (loss)</b>	See the Shareholder's Instructions	<b>J</b> Other	Form 1116, Part I
<b>10. Other income (loss)</b>		<i>Deductions allocated and apportioned at corporate level to foreign source income</i>	
<i>Code</i>		<b>K</b> Reserved for future use	Form 1116, Part I
<b>A</b> Other portfolio income (loss)	See the Shareholder's Instructions	<b>L</b> Foreign branch category	
<b>B</b> Involuntary conversions	See the Shareholder's Instructions	<b>M</b> Passive category	
<b>C</b> Sec. 1256 contracts & straddles	Form 6781, line 1	<b>N</b> General category	
<b>D</b> Mining exploration costs recapture	See Pub. 535	<b>O</b> Other	
<b>E</b> Reserved for future use		<i>Other information</i>	
<b>F</b> Section 965(a) inclusion		<b>R</b> Total foreign taxes paid	Form 1116, Part II
<b>G</b> Income under subpart F (other than inclusions under sections 951A and 965)	See the Shareholder's Instructions	<b>Q</b> Total foreign taxes accrued	Form 1116, Part II
<b>H</b> Other income (loss)		<b>R</b> Reduction in taxes available for credit	Form 1116, line 12
<b>11. Section 179 deduction</b>	See the Shareholder's Instructions	<b>S</b> Foreign trading gross receipts	Form 8873
<b>12. Other deductions</b>		<b>T</b> Extraterritorial income exclusion	Form 8873
<b>A</b> Cash contributions (60%)	See the Shareholder's Instructions	<b>U</b> Section 965 information	See the Shareholder's Instructions
<b>B</b> Cash contributions (30%)		<b>V</b> Other foreign transactions	See the Shareholder's Instructions
<b>C</b> Noncash contributions (50%)		<b>15. Alternative minimum tax (AMT) items</b>	
<b>D</b> Noncash contributions (30%)		<b>A</b> Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251
<b>E</b> Capital gain property to a 50% organization (30%)		<b>B</b> Adjusted gain or loss	
<b>F</b> Capital gain property (20%)		<b>C</b> Depletion (other than oil & gas)	
<b>G</b> Contributions (100%)		<b>D</b> Oil, gas, & geothermal—gross income	
<b>H</b> Investment interest expense	Form 4952, line 1	<b>E</b> Oil, gas, & geothermal—deductions	
<b>I</b> Deductions—royalty income	Schedule E, line 19	<b>F</b> Other AMT items	
<b>J</b> Section 59(e)(2) expenditures	See the Shareholder's Instructions	<b>16. Items affecting shareholder basis</b>	
<b>K</b> Section 965(c) deduction	See the Shareholder's Instructions	<b>A</b> Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
<b>L</b> Deductions—portfolio (other)	Schedule A, line 16	<b>B</b> Other tax-exempt income	See the Shareholder's Instructions
<b>M</b> Preproductive period expenses	See the Shareholder's Instructions	<b>C</b> Nondeductible expenses	
<b>N</b> Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions	<b>D</b> Distributions	
<b>O</b> Reforestation expense deduction	See the Shareholder's Instructions	<b>E</b> Repayment of loans from shareholders	
<b>P</b> through <b>R</b>	Reserved for future use	<b>17. Other information</b>	
<b>S</b> Other deductions	See the Shareholder's Instructions	<b>A</b> Investment income	Form 4952, line 4a
<b>13. Credits</b>		<b>B</b> Investment expenses	Form 4952, line 5
<b>A</b> Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Shareholder's Instructions	<b>C</b> Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
<b>B</b> Low-income housing credit (other) from pre-2008 buildings		<b>D</b> Basis of energy property	See the Shareholder's Instructions
<b>C</b> Low-income housing credit (section 42(j)(5)) from post-2007 buildings		<b>E</b> Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
<b>D</b> Low-income housing credit (other) from post-2007 buildings		<b>F</b> Recapture of low-income housing credit (other)	Form 8611, line 8
<b>E</b> Qualified rehabilitation expenditures (rental real estate)		<b>G</b> Recapture of investment credit	See Form 4255
<b>F</b> Other rental real estate states		<b>H</b> Recapture of other credits	See the Shareholder's Instructions
<b>G</b> Other rental credits		<b>I</b> Look-back interest—completed long-term contracts	See Form 8697
<b>H</b> Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line 13, box a	<b>J</b> Look-back interest—income forecast method	See Form 8866
<b>I</b> Biofuel producer credit	See the Shareholder's Instructions	<b>K</b> Dispositions of property with section 179 deductions	See the Shareholder's Instructions
<b>J</b> Work opportunity credit		<b>L</b> Recapture of section 179 deduction through <b>U</b>	
<b>K</b> Disabled access credit		<b>V</b> Section 199A information through <b>Z</b>	
<b>L</b> Empowerment zone employment credit		<b>AA</b> Excess taxable income	Reserved for future use
<b>M</b> Credit for increasing research activities		<b>AB</b> Excess business interest income	See the Shareholder's Instructions
		<b>AC</b> Other information	

## Statement A—QBI Pass-through Entity Reporting

Page 1

Corporation's name: Urgent Care Physicians Ltd		Corporation's EIN: 5223	
Shareholder's name: Mary Zack, RN		Shareholder's identifying no:	
1120S, Line 21			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input checked="" type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Shareholder's share of:			
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)	1,270.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	13,598.		
UBIA of qualified property	7,575.		
Section 199A dividends			

## Statement A—QBI Pass-through Entity Reporting

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Shareholder's share of:			
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

REV 06/30/20 PRO

**Schedule K-1  
(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning        /        / 2019 ending        /        /       **Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number  
5223**B** Corporation's name, address, city, state, and ZIP code  
Urgent Care Physicians Ltd  
  
2979 Lennon Lane  
Neenah WI 54956**C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013**Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code  
Reynaldo F Guzman, RN  
  
4717 N Devonshire Dr  
Appleton WI 54911**F** Shareholder's percentage of stock  
ownership for tax year 0.23392 %

For IRS Use Only

☐ Final K-1☐ Amended K-1**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	154.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	0.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	- 8.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions	C	3.
		<b>17</b>	Other information
		A	0.
		V	* STMT

**18** ☐ More than one activity for at-risk purposes\***19** ☐ More than one activity for passive activity purposes\*

\* See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

- | 1. Ordinary business income (loss).  |   | Determine whether the income (loss) is passive or nonpassive and enter on your return as follows: |  |
|--|---|---|--|
| Passive loss   | Report on   | See the Shareholder's Instructions  |  |
| Passive income   | Schedule E, line 28, column (h)                                       |   |  |
| Nonpassive loss  | See the Shareholder's Instructions                                    |   |  |
| Nonpassive income  | Schedule E, line 28, column (k)                                       |   |  |
| 2. Net rental real estate income (loss)  | See the Shareholder's Instructions                                    |   |  |
| 3. Other net rental income (loss)  | Schedule E, line 28, column (h)                                       |   |  |
| Net income   | See the Shareholder's Instructions                                    |   |  |
| Net loss   |   |   |  |
| 4. Interest income   | Form 1040 or 1040-SR, line 2b   |   |  |
| 5a. Ordinary dividends   | Form 1040 or 1040-SR, line 3b   |   |  |
| 5b. Qualified dividends  | Form 1040 or 1040-SR, line 3a   |   |  |
| 6. Royalties   | Schedule E, line 4  |   |  |
| 7. Net short-term capital gain (loss)  | Schedule D, line 5  |   |  |
| 8a. Net long-term capital gain (loss)  | Schedule D, line 12   |   |  |
| 8b. Collectibles (28%) gain (loss)   | 28% Rate Gain Worksheet, line 4 (Schedule D instructions)             |   |  |
| 8c. Unrecaptured section 1250 gain   | See the Shareholder's Instructions                                    |   |  |
| 9. Net section 1231 gain (loss)  | See the Shareholder's Instructions                                    |   |  |
| 10. Other income (loss)  |   |   |  |
| Code   |   |   |  |
| A Other portfolio income (loss)  | See the Shareholder's Instructions                                    |   |  |
| B Involuntary conversions  | See the Shareholder's Instructions                                    |   |  |
| C Sec. 1256 contracts & straddles  | Form 6781, line 1   |   |  |
| D Mining exploration costs recapture   | See Pub. 535  |   |  |
| E Reserved for future use  |   |   |  |
| F Section 965(a) inclusion   |   |   |  |
| G Income under subpart F (other than inclusions under sections 951A and 965)     | See the Shareholder's Instructions                                    |   |  |
| H Other income (loss)  |   |   |  |
| 11. Section 179 deduction  | See the Shareholder's Instructions                                    |   |  |
| 12. Other deductions   |   |   |  |
| A Cash contributions (60%)   |   |   |  |
| B Cash contributions (30%)   |   |   |  |
| C Noncash contributions (50%)  |   |   |  |
| D Noncash contributions (30%)  |   |   |  |
| E Capital gain property to a 50% organization (30%)                              | See the Shareholder's Instructions                                    |   |  |
| F Capital gain property (20%)  |   |   |  |
| G Contributions (100%)   |   |   |  |
| H Investment interest expense  | Form 4952, line 1   |   |  |
| I Deductions—royalty income  | Schedule E, line 19   |   |  |
| J Section 59(e)(2) expenditures  | See the Shareholder's Instructions                                    |   |  |
| K Section 965(c) deduction   | See the Shareholder's Instructions                                    |   |  |
| L Deductions—portfolio (other)   | Schedule A, line 16   |   |  |
| M Preproductive period expenses  | See the Shareholder's Instructions                                    |   |  |
| N Commercial revitalization deduction from rental real estate activities         | See Form 8582 instructions  |   |  |
| O Reforestation expense deduction  | See the Shareholder's Instructions                                    |   |  |
| P through R  | Reserved for future use   |   |  |
| S Other deductions   | See the Shareholder's Instructions                                    |   |  |
| 13. Credits  |   |   |  |
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings           |   |   |  |
| B Low-income housing credit (other) from pre-2008 buildings                      |   |   |  |
| C Low-income housing credit (section 42(j)(5)) from post-2007 buildings          |   |   |  |
| D Low-income housing credit (other) from post-2007 buildings                     | See the Shareholder's Instructions                                    |   |  |
| E Qualified rehabilitation expenditures (rental real estate)                     |   |   |  |
| F Other rental real estate credits   |   |   |  |
| G Other rental credits   |   |   |  |
| H Undistributed capital gains credit   | Schedule 3 (Form 1040 or 1040-SR), line 13, box a                     |   |  |
| I Biofuel producer credit  |   |   |  |
| J Work opportunity credit  |   |   |  |
| K Disabled access credit   | See the Shareholder's Instructions                                    |   |  |
| L Empowerment zone employment credit   |   |   |  |
| M Credit for increasing research activities                                      |   |   |  |
| Code   |   |   |  |
| N Credit for employer social security and Medicare taxes                         |   |   |  |
| O Backup withholding   |   |   |  |
| P Other credits  |   |   |  |
| 14. Foreign transactions   |   |   |  |
| A Name of country or U.S. possession   |   |   |  |
| B Gross income from all sources  | Form 1116, Part I   |   |  |
| C Gross income sourced at shareholder level                                      |   |   |  |
| Foreign gross income sourced at corporate level                                  |   |   |  |
| D Reserved for future use  |   |   |  |
| E Foreign branch category  |   |   |  |
| F Passive category   | Form 1116, Part I   |   |  |
| G General category   |   |   |  |
| H Other  |   |   |  |
| Deductions allocated and apportioned at shareholder level                        |   |   |  |
| I Interest expense   | Form 1116, Part I   |   |  |
| J Other  | Form 1116, Part I   |   |  |
| Deductions allocated and apportioned at corporate level to foreign source income |   |   |  |
| K Reserved for future use  |   |   |  |
| L Foreign branch category  |   |   |  |
| M Passive category   | Form 1116, Part I   |   |  |
| N General category   |   |   |  |
| O Other  |   |   |  |
| Other information  |   |   |  |
| R Total foreign taxes paid   | Form 1116, Part II  |   |  |
| Q Total foreign taxes accrued  | Form 1116, Part II  |   |  |
| R Reduction in taxes available for credit  | Form 1116, line 12  |   |  |
| S Foreign trading gross receipts   | Form 8873   |   |  |
| T Extraterritorial income exclusion  | Form 8873   |   |  |
| U Section 965 information  | See the Shareholder's Instructions                                    |   |  |
| V Other foreign transactions   | See the Shareholder's Instructions                                    |   |  |
| 15. Alternative minimum tax (AMT) items  |   |   |  |
| A Post-1986 depreciation adjustment  |   |   |  |
| B Adjusted gain or loss  |   |   |  |
| C Depletion (other than oil & gas)   | See the Shareholder's Instructions and the Instructions for Form 6251 |   |  |
| D Oil, gas, & geothermal—gross income  |   |   |  |
| E Oil, gas, & geothermal—deductions  |   |   |  |
| F Other AMT items  |   |   |  |
| 16. Items affecting shareholder basis  |   |   |  |
| A Tax-exempt interest income   | Form 1040 or 1040-SR, line 2a   |   |  |
| B Other tax-exempt income  |   |   |  |
| C Nondeductible expenses   |   |   |  |
| D Distributions  | See the Shareholder's Instructions                                    |   |  |



## Statement A—QBI Pass-through Entity Reporting

Page 1

Corporation's name: Urgent Care Physicians Ltd		Corporation's EIN: 5223	
Shareholder's name: Reynaldo F Guzman, RN		Shareholder's identifying no:	
1120S, Line 21			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input checked="" type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Shareholder's share of:			
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)	154.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	1,648.		
UBIA of qualified property	918.		
Section 199A dividends			

## Statement A—QBI Pass-through Entity Reporting

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Shareholder's share of:			
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

REV 06/30/20 PRO

## Compensation of Officers

OMB No. 1545-0123

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

Name \_\_\_\_\_

Urgent Care Physicians Ltd

Employer identification number

5223

**Note:** Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

[illegible]

<b>2</b>	<b>Total compensation of officers</b> . . . . .	<b>2</b>	219,454.
<b>3</b>	<b>Compensation of officers claimed on Form 1125-A or elsewhere on return</b> . . . . .	<b>3</b>	
<b>4</b>	<b>Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return</b> . . . . .	<b>4</b>	219,454.

**For Paperwork Reduction Act Notice, see separate instructions. BAA**

REV 06/30/20 PRO Form **1125-E** (Rev. 10-2016)

**Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**

► **Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.**

**Print  
or  
Type**

Name <b>Urgent Care Physicians Ltd</b>	Identifying number <b>6223</b>
Number, street, and room or suite no. (If P.O. box, see instructions.) <b>2979 Lennon Lane</b>	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) <b>Neenah WI 54956</b>	

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.**

**1** Enter the form code for the return listed below that this application is for . . . . . **2 5**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	<b>01</b>	Form 1120-ND (section 4951 taxes)	<b>20</b>
Form 706-GS(T)	<b>02</b>	Form 1120-PC	<b>21</b>
Form 1041 (bankruptcy estate only)	<b>03</b>	Form 1120-POL	<b>22</b>
Form 1041 (estate other than a bankruptcy estate)	<b>04</b>	Form 1120-REIT	<b>23</b>
Form 1041 (trust)	<b>05</b>	Form 1120-RIC	<b>24</b>
Form 1041-N	<b>06</b>	Form 1120S	<b>25</b>
Form 1041-QFT	<b>07</b>	Form 1120-SF	<b>26</b>
Form 1042	<b>08</b>	Form 3520-A	<b>27</b>
Form 1065	<b>09</b>	Form 8612	<b>28</b>
Form 1066	<b>11</b>	Form 8613	<b>29</b>
Form 1120	<b>12</b>	Form 8725	<b>30</b>
Form 1120-C	<b>34</b>	Form 8804	<b>31</b>
Form 1120-F	<b>15</b>	Form 8831	<b>32</b>
Form 1120-FSC	<b>16</b>	Form 8876	<b>33</b>
Form 1120-H	<b>17</b>	Form 8924	<b>35</b>
Form 1120-L	<b>18</b>	Form 8928	<b>36</b>
Form 1120-ND	<b>19</b>		

**Part II All Filers Must Complete This Part**

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here . . . . . ► ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here . . . . . ► ☐  
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . . . . ► ☐
- 5a** The application is for calendar year **2019**, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions—attach explanation.)
- |   |          |   |
|---|----------|---|
| <b>6</b> Tentative total tax . . . . .  | <b>6</b> | 0 |
| <b>7</b> Total payments and credits. See instructions . . . . .               | <b>7</b> | 0 |
| <b>8</b> Balance due. Subtract line 7 from line 6. See instructions . . . . . | <b>8</b> | 0 |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

BAA

REV 06/30/20 PRO

Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or tax year beginning

, 2019, and ending

, 20

Name of corporation

Urgent Care Physicians Ltd

Employer identification number

6223

**Part I Tax Return Information** (Whole dollars only)

<b>1</b>	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	<b>1</b>	1,386,755.
<b>2</b>	Gross profit (Form 1120-S, line 3)		1,386,755.
<b>3</b>	Ordinary business income (loss) (Form 1120-S, line 21)	<b>3</b>	65,799.
<b>4</b>	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	<b>4</b>	
<b>5</b>	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	<b>5</b>	65,801.

**Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature \_\_\_\_\_  
ERO firm name  
on the corporation's 2019 electronically filed income tax return.

☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_ Title ► President

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112, IRS e-file Application and Participation**, and **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns**.

ERO's signature ▶  Date ▶ 10/05/2020

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see instructions.**

Cat. No. 37252K

Form **8879-S** (2019)

BAA

REV 06/30/20 PRO

QuickZoom to Other Copy \_\_\_\_\_

Page 1

Corporation's Name: <u>Urgent Care Physicians Ltd</u> Corporation's EIN: <u>5223</u>			
1120S, Line 21			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	
Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss) . . . Rental income (loss) . . . . . Royalty income (loss) . . . . . Section 1231 gain (loss) . . . . . Other income (loss) . . . . . Section 179 deduction . . . . . Charitable contributions . . . . . Other deductions . . . . . W-2 wages . . . . . UBIA of qualified property . . . .	<u>65,799.</u>        <u>704,608.</u> <u>392,517.</u>	          	          
Section 199A dividends . . . . .			

Corporation's Name: _____ Corporation's EIN: _____			
1120S, Line 21			
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	
Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss) . . . Rental income (loss) . . . . . Royalty income (loss) . . . . . Section 1231 gain (loss) . . . . . Other income (loss) . . . . . Section 179 deduction . . . . . Charitable contributions . . . . . Other deductions . . . . . W-2 wages . . . . . UBIA of qualified property . . . .	          	          	          
Section 199A dividends . . . . .			



Name Urgent Care Physicians Ltd		Employer ID Number 6223
<b>Other Current Liabilities:</b>	Beginning of tax year	End of tax year
Credit Card Payable	52,897.	51,033.
Cash overdraft	7,117.	0.
Payroll Liabilities	30,183.	8,933.
Loan Payable BMO Harris Bank	2,226.	1,817.
Loan Payable to EXL	74,481.	74,481.
<b>Total to Form 1120S, Schedule L, line 18</b>	<b>166,904.</b>	<b>136,264.</b>
<b>Other Liabilities:</b>	Beginning of tax year	End of tax year
<b>Total to Form 1120S, Schedule L, line 21</b>		
<b>Adjustments to Shareholders' Equity:</b>	Beginning of tax year	End of tax year
<b>Total to Form 1120S, Schedule L, line 25</b>		

► Keep for your records

Corporation's name Urgent Care Physicians Ltd		Corporation's EIN 36223	
Aggregation Code: _____		Trade or Business: 1120S, Line 21 EIN: 36223	
Check if activity is <b>NOT</b> a qualified trade/business . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Specified Service Trade or Business? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
QBI or qualified PTP items subject to shareholder-specific determinations:			
1 a Ordinary business income (loss) . . . . .		1 a	65,799.
b Adjustments . . . . .		b	
c Adjusted ordinary business income (loss) . . . . .		1 c	65,799.
2 a Rental income (loss) . . . . .		2 a	
b Adjustments . . . . .		b	
c Adjusted rental income (loss) . . . . .		2 c	
3 a Royalty income (loss) . . . . .		3 a	
b Adjustments . . . . .		b	
c Adjusted royalty income (loss) . . . . .		3 c	
4 a Section 1231 gain (loss) . . . . .		4 a	
b Adjustments . . . . .		b	
c Adjusted section 1231 gain (loss) . . . . .		4 c	
5 Other income (loss) . . . . .		5	
6 a Section 179 deduction . . . . .		6 a	
b Adjustments . . . . .		b	
c Adjusted section 179 deduction . . . . .		6 c	
7 Charitable contributions . . . . .		7	
8 Other deductions . . . . .		8	
9 a W-2 wages . . . . .		9 a	704,608.
b Adjustments . . . . .		b	
c Adjusted W-2 Wages . . . . .		9 c	704,608.
10 a UBIA of qualified property . . . . .		10 a	
b Adjustments . . . . .		b	392,517.
c Adjusted UBIA of qualified property . . . . .		10 c	392,517.

spsw9906.SCR 04/20/20

**Additional information from your 2019 US Form 1120S: Income Tax Return for S Corp****Form 1120S: S-Corporation Tax Return****Other Deductions****Continuation Statement**

Description	Amount
Auto	10,730.
Bank Charges	5,274.
Contract Labor & Expenses	79,411.
Data Processing Charges	11,857.
Equipment Rental	2,055.
Insurance	56,584.
Technology	58,439.
Meals (50%)	1,479.
Lab Fees & Supplies	367.
Legal & Professional	15,324.
Merchant Processing Charges	1,054.
Medical Supplies	41,795.
Office & Admin	21,582.
Radiologist	8,555.
Reimbursable Expenses	13,048.
Stationery & Printing	1,342.
Travel	760.
Utilities	23,000.
<b>Total</b>	<b>352,656.</b>



**Fill in this information to identify the case:**

Debtor name **Urgent Care Physicians, Ltd.**

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 15, 2021**

**X /s/ Bobby B. Yun**

Signature of individual signing on behalf of debtor

**Bobby B. Yun**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Urgent Care Physicians, Ltd.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AmEx Amazon Business PO Box 650448 Dallas, TX 75265-0448		Credit Card				\$15,081.00
Bank of America, N.A. 600 North Cleveland Ave. Suite 300 Westerville, OH 43082		All property as set forth in GBSA / UCC-1		\$339,739.19	\$268,370.59	\$71,368.60
BMO Harris Bank 111 West Monroe Street Chicago, IL 60603		Overdraft Protection				\$3,651.53
BoA MC Business Card PO Box 15796 Wilmington, DE 19886-5796		Credit Card				\$29,408.63
Chase SW VISA Cardmember Service PO Box 6294 Carol Stream, IL 60197-6294		Credit Card				\$29,472.47
Citi VISA Costco Business PO Box 9001016 Louisville, KY 40290-1016		Credit Card				\$31,526.84
Dr. Matthew Bennett Estrella Pediatrics 9305 West Thomas Road, Suites 125 and 57 Phoenix, AZ 85037		Company startup loan of \$100k in 2014; add'l loan of \$50k in 2017				\$150,000.00

Debtor **Urgent Care Physicians, Ltd.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Dr. Sourasack Vongsa, MD 1376 Whispering Pines Lane Neenah, WI 54956		Judgment entered in Outagamie County Case Number 2020CV000186				\$231,938.55
Fundbox 6900 Dallas Pkwy, Suite 700 Plano, TX 75024		Unsecured loan				\$46,081.27
Gray Television Group, Inc. 115 South Jefferson Street Green Bay, WI 54301		Judgment in Outagamie County Case # 19-SC-3384				\$6,728.69
Jose Dias, M.D. 1600 Gershwin Lane Neenah, WI 54956		Judgment entered in Outagamie County Case Number 2018CV001126				\$110,781.35
River Valley One, LLC 230 Ohio Street, Suite 200 Oshkosh, WI 54902		Disputed balance arising from terminated lease of premises at 600 North Koeller, Oshkosh, WI	Contingent Unliquidated Disputed			\$115,340.36
U.S. Small Business Administration 2 North Street, Suite 320 Birmingham, AL 35203		All property as set forth in GBSA / UCC-1		\$150,000.00	\$0.00	\$150,000.00
U.S. Small Business Administration 2 North Street, Suite 320 Birmingham, AL 35203		PPP Loan (forgivable)	Subject to Setoff			\$10,009.25

**Fill in this information to identify the case:**Debtor name **Urgent Care Physicians, Ltd.**United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>268,370.59</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>268,370.59</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>489,739.19</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>852,091.36</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>1,341,830.55</b>

**Fill in this information to identify the case:**Debtor name **Urgent Care Physicians, Ltd.**United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **BMO Checking****Checking****5373****\$164.14**3.2. **Bank of America Checking****Checking****3569****\$3,610.27**3.3. **Wolf River Community Bank (\$0 balance, not used, will be closed shortly)****Checking****2480****\$0.00**3.4. **Wolf River Community Bank (\$0 balance, not used, will be closed shortly)****Savings****5564****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$3,774.41****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

Debtor **Urgent Care Physicians, Ltd.**  
Name

Case number (If known) \_\_\_\_\_

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11a. 90 days old or less: 183,375.00 - 71,345.00 = .... \$112,030.00  
face amount doubtful or uncollectible accounts

**See Attached Summary**

11b. Over 90 days old: 21,415.00 - 21,415.00 =.... \$0.00  
face amount doubtful or uncollectible accounts

**See attached summary (doubtful collectability; not including civil judgments)**

11b. Over 90 days old: 52,892.84 - 52,892.84 =.... \$0.00  
face amount doubtful or uncollectible accounts

**See attached summary of civil judgments (doubtful collectability)**

**12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$112,030.00

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

**General description**

**Net book value of  
debtor's interest**  
(Where available)

**Valuation method used  
for current value**

**Current value of  
debtor's interest**

39. **Office furniture**

40. **Office fixtures**

41. **Office equipment, including all computer equipment and**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

Debtor **Urgent Care Physicians, Ltd.**  
Name

Case number (If known) \_\_\_\_\_

communication systems equipment and software  
**Fixed Assets (computer equipment, furniture  
and fixtures, leasehold improvements, and  
medical equipment) - book value less  
depreciation**

**\$152,566.18**

**\$152,566.18**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

**\$152,566.18**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Urgent Care Physicians, Ltd.**  
Name

Case number (If known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$3,774.41</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$112,030.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$152,566.18</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$268,370.59</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$268,370.59</u>



Case Info	Judgment Date	Judgment Amount
Outagamie County Case Number 2021TJ000092 Appleton Emergency Services et al vs. Alex Mark Ashman	7/6/2021	\$ 1,835.31
Outagamie County Case Number 2021SC001345 Appleton Emergency Services et al vs. Julie P Moravchik	6/7/2021	\$ 257.21
Winnebago County Case Number 2021SC000596 Appleton Emergency Services et al vs. Donald Rivord	4/14/2021	\$ 1,121.27
Winnebago County Case Number 2021SC000594 Appleton Emergency Services et al vs. Jordin A. Stone	4/14/2021	\$ 2,958.84
Outagamie County Case Number 2021SC000740 Clintonville Area Ambulance Service et al vs. Thomas J Czajka	4/12/2021	\$ 490.15
Calumet County Case Number 2021SC000072 Urgent Care Physicians et al vs. Bee Lee Xiong et al	3/23/2021	\$ 969.50
Winnebago County Case Number 2021SC000144 Primary Care Associates of Appleton et al vs. Diana Chavez-Mcmillin et al	2/17/2021	\$ 2,387.03
Outagamie County Case Number 2021SC000139 Appleton Emergency Services et al vs. Aaron M. Raschka et al	2/8/2021	\$ 133.06
Outagamie County Case Number 2020SC002042 Appleton Emergency Services et al vs. Mikaela McMullen	9/28/2020	\$ 577.36
Outagamie County Case Number 2020SC001505 Appleton Emergency Services et al vs. Leah Feldkamp et al	8/4/2020	\$ 261.79
Winnebago County Case Number 2020SC001488 Kern Tools et al vs. Nathian Kaiser	9/4/2020	\$ 3,656.34
Outagamie County Case Number 2020SC001388 Appleton Emergency Services et al vs. Jordan P Olk	7/20/2020	\$ 252.50
Outagamie County Case Number 2020SC001300 Appleton Emergency Services et al vs. David & Krista Serrato	7/13/2020	\$ 363.35
Outagamie County Case Number 2020C001253 Appleton Emergency Services et al vs. Matthew Zeller et al	7/6/2020	\$ 163.22
Winnebago County Case Number 2020SC001068 Neuroscience Group et al vs. Sheryl Dingman	6/24/2020	\$ 2,442.76
Winnebago County Case Number 2020SC001063 Urgent Care Physicians et al vs. Tracy R. Wrobel	6/24/2020	\$ 779.11
Winnebago County Case Number 2020SC001059 Primary Care Associates of Appleton et al vs. Brianna C. Bernard	6/24/2020	\$ 884.95
2020SC001090 Appleton Emergency Services et al vs. Sheena K Myers	6/15/2020	\$ 135.12

Winnebago County Case Number 2020SC00805 Anesthesia Services Fox Valley et al vs Shannon Hayes et al	9/15/2020	\$	1,221.39
Outagamie County Case Number 2020SC000721 Neuroscience Group et al vs. Wendy Lee Holten	8/18/2020	\$	268.60
Outagamie County Case Number 2020SC000716 Appleton Emergency Services et al vs. Richard M. Kayser	6/8/2020	\$	264.00
Winnebago County Case Number 2020SC000509 Appleton Emergency Services et al vs. Brandon James Smith	3/11/2020	\$	2,246.72
Calumet County Case Number 2020SC000061 Appleton Emergency Services et al vs. Ashley Lynn Schmitt	3/31/2020	\$	5,105.12
Winnebago County Case Number 2020SC000244 Neuroscience Group et al vs. Adam J. Tate et al	2/19/2020	\$	4,130.81
Calumet County Case Number 2020SC000764 Urgent Care Physicians vs. Connie Meetz	1/21/2020	\$	1,095.58
Calumet County Case Number 2020SC000763 Urgent Care Physicians et al vs. John Bernard Packett et al	1/21/2020	\$	2,818.99
Brown County Case Number 2019SC0006948 Urgent Care Physicians et al vs. Joy Saunders- Burgbacher	1/8/2020	\$	2,416.06
Outagamie County Case Number 2019SC003677 Urgent Care Physicians et al vs. Tanya Ann Frye	12/16/2019	\$	879.77
Outagamie County Case Number 2019SC003674 Appleton Emergency Services et al vs. Jennifer R Baumgart et al	12/16/2019	\$	999.70
Winnebago County Case Number 2019SC003635 Urgent Care Physicians vs. Thomas Perry Jr.	12/11/2019	\$	888.12
Winnebago County Case Number 2019SC003632 Urgent Care Physicians vs. Anthony S Laux et al	12/11/2019	\$	892.53
Winnebago County Case Number 2019SC003631 Appleton Emergency Services et al vs. Alex Mark Ashman	12/11/2019	\$	1,825.31
Brown County Case Number 2019SC005465 Primary Care Associates of Appleton et al vs. Tobin James Rueckl	11/6/2019	\$	2,529.04
Outagamie County Case Number 2019SC002802 Urgent Care Physicians et al vs. Lisa Ann Young	10/14/2019	\$	686.44
Outagamie County Case Number 2019SC002685 Primary Care Associates of Appleton et al vs. Kaitlynn R Searl	9/30/2019	\$	227.31
Winnebago County Case Number 2019SC002747 Anesthesia Services Fox Valley et al vs. Joshua B Lincoln et al	9/27/2019	\$	176.75

Winnebago County Case Number 2019SC0002746 Anesthesia Services Fox Valley et al vs. Rochelle L Veach et al	9/25/2019	\$	1,230.29
Outagamie County Case Number 2019SC002443 Primary Care Associates of Appleton et al vs. Dena Rose Wyngaard	9/9/2019	\$	264.60
Calumet County Case Number 2019SC000474 Urgent Care Physicians vs. Jay Lee Nelson et al	9/24/2019	\$	782.71
Winnebago County Case Number 2019SC002295 Parkside West Dental et al vs. Michael James Neumann	10/1/2019	\$	437.16
Waupaca County Case Number 2019SC000640 Urgent Care Physicians et al vs. Justin Daniel Henry	8/12/2019	\$	487.29
Outagamie County Case Number 2017SC003075 Urgent Care Physicians Ltd vs. Robert Hafkey et al	11/27/2017	\$	1,349.68
<b>Total:</b>		<b>\$</b>	<b>52,892.84</b>

<u>Days Past Due</u>	<u>Payer</u>	<u>Outstanding Amount</u>	<u>Anticipated Recovery Percentage</u>	<u>Anticipated Recovery</u>	<u>Anticipated Writeoff</u>	<u>Notes / Explanation</u>
Active / Current	Insurance	\$ 114,900.00	58.33%	\$ 67,025.00	\$ 47,875.00	Negotiated Contract Writeoff
	Employer Groups	\$ 3,600.00	100%	\$ 3,600.00	\$ -	
	Patient Responsibility	\$ 25,800.00	90%	\$ 23,220.00	\$ 2,580.00	Approx 10% typically end up delinquent / in collections
		<b>\$ 144,300.00</b>		<b>\$ 93,845.00</b>	<b>\$ 50,455.00</b>	
0-30 Days	Insurance	\$ 6,900.00	58.33%	\$ 4,025.00	\$ 2,875.00	Negotiated Contract Writeoff
	Employer Groups	\$ 3,800.00	100%	\$ 3,800.00	\$ -	
	Patient Responsibility	\$ 12,800.00	50%	\$ 6,400.00	\$ 6,400.00	Approx 50% typically end up delinquent / in collections
		<b>\$ 23,500.00</b>		<b>\$ 14,225.00</b>	<b>\$ 9,275.00</b>	
31-60 Days	Insurance	\$ 2,300.00	58.33%	\$ 1,341.67	\$ 958.33	Negotiated Contract Writeoff
	Employer Groups	\$ 725.00	100%	\$ 725.00	\$ -	
	Patient Responsibility	\$ 6,300.00	20%	\$ 1,260.00	\$ 5,040.00	Approx 80% typically end up delinquent / in collections
		<b>\$ 9,325.00</b>		<b>\$ 3,326.67</b>	<b>\$ 5,998.33</b>	
61-90 Days	Insurance	\$ 1,000.00	58.33%	\$ 583.33	\$ 416.67	Negotiated Contract Writeoff
	Employer Groups	\$ 50.00	100%	\$ 50.00	\$ -	
	Patient Responsibility	\$ 5,200.00	0%	\$ -	\$ 5,200.00	Approx 100% typically end up delinquent / in collections
		<b>\$ 6,250.00</b>		<b>\$ 633.33</b>	<b>\$ 5,616.67</b>	
<b><u>TOTALS (under 90 days delinquent):</u></b>		<b>\$ 183,375.00</b>		<b>\$ 112,030.00</b>	<b>\$ 71,345.00</b>	
				61.09%	38.91%	
91+ Days (does not include civil judgments)	Insurance	\$ -	58.33%	\$ -	\$ -	Negotiated Contract Writeoff
	Employer Groups	\$ -	100%	\$ -	\$ -	
	Patient Responsibility	\$ 21,415.00	0%	\$ -	\$ 21,415.00	Approx 100% typically end up delinquent / in collections
<b><u>TOTALS (90+ days delinquent):</u></b>		<b>\$ 21,415.00</b>		<b>\$ -</b>	<b>\$ 21,415.00</b>	
				0.00%	100.00%	

**Fill in this information to identify the case:**Debtor name **Urgent Care Physicians, Ltd.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Bank of America, N.A.</b> Creditor's Name <b>600 North Cleveland Ave.</b> <b>Suite 300</b> <b>Westerville, OH 43082</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>3/14/2014</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>All property as set forth in GBSA / UCC-1</b>  Describe the lien <b>GBSA</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$339,739.19</b>	<b>\$268,370.59</b>

<b>2.2</b>	<b>U.S. Small Business Administration</b> Creditor's Name <b>2 North Street, Suite 320</b> <b>Birmingham, AL 35203</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>5/28/2020</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	Describe debtor's property that is subject to a lien <b>All property as set forth in GBSA / UCC-1</b>  Describe the lien <b>GBSA (EIDL program)</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$150,000.00</b>	<b>\$0.00</b>
------------	---	--	---------------------	---------------

Debtor **Urgent Care Physicians, Ltd.**

Case number (if known)

Name

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$489,739.19

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
------------------	---	---



**Fill in this information to identify the case:**Debtor name **Urgent Care Physicians, Ltd.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Department of Workforce Development Division of Unemployment Insurance Collections - Tax P.O. Box 7945 Madison, WI 53707-7945</b> Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>NOTICE ONLY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>	<b>\$0.00</b>
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346</b> Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>NOTICE ONLY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>	<b>\$0.00</b>

Debtor **Urgent Care Physicians, Ltd.**  
Name

Case number (if known)

2.3 Priority creditor's name and mailing address  
**Wisconsin Department of Revenue  
Special Procedures Unit  
P.O. Box 8901  
Madison, WI 53708-8901**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$0.00** **\$0.00**

Date or dates debt was incurred

Basis for the claim:  
**NOTICE ONLY**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address  
**AmEx Amazon Business  
PO Box 650448  
Dallas, TX 75265-0448**

As of the petition filing date, the claim is: *Check all that apply.*

**\$15,081.00**

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date(s) debt was incurred

Basis for the claim: Credit Card

Last 4 digits of account number 1002

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address  
**BMO Harris Bank  
111 West Monroe Street  
Chicago, IL 60603**

As of the petition filing date, the claim is: *Check all that apply.*

**\$3,651.53**

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date(s) debt was incurred

Basis for the claim: Overdraft Protection

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address  
**BoA MC Business Card  
PO Box 15796  
Wilmington, DE 19886-5796**

As of the petition filing date, the claim is: *Check all that apply.*

**\$29,408.63**

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date(s) debt was incurred

Basis for the claim: Credit Card

Last 4 digits of account number 0450

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address  
**Bobby B. Yun, MD  
2979 Lennon Lane  
Neenah, WI 54956**

As of the petition filing date, the claim is: *Check all that apply.*

**\$26,077.82**

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date(s) debt was incurred

Basis for the claim: Shareholder Loan

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address  
**Chase SW VISA  
Cardmember Service  
PO Box 6294  
Carol Stream, IL 60197-6294**

As of the petition filing date, the claim is: *Check all that apply.*

**\$29,472.47**

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date(s) debt was incurred

Basis for the claim: Credit Card

Last 4 digits of account number 3960

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Urgent Care Physicians, Ltd.**  
Name

Case number (if known)

3.6	Nonpriority creditor's name and mailing address <b>Citi VISA Costco Business</b> <b>PO Box 9001016</b> <b>Louisville, KY 40290-1016</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>0720</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$31,526.84</u>
3.7	Nonpriority creditor's name and mailing address <b>Dr. Matthew Bennett</b> <b>Estrella Pediatrics</b> <b>9305 West Thomas Road, Suites 125 and 57</b> <b>Phoenix, AZ 85037</b> Date(s) debt was incurred <u>2014; 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Company startup loan of \$100k in 2014; add'l loan of \$50k in 2017</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$150,000.00</u>
3.8	Nonpriority creditor's name and mailing address <b>Dr. Sourasack Vongsa, MD</b> <b>1376 Whispering Pines Lane</b> <b>Neenah, WI 54956</b> Date(s) debt was incurred <u>8/3/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment entered in Outagamie County Case Number 2020CV000186</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$231,938.55</u>
3.9	Nonpriority creditor's name and mailing address <b>Fundbox</b> <b>6900 Dallas Pkwy, Suite 700</b> <b>Plano, TX 75024</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$46,081.27</u>
3.10	Nonpriority creditor's name and mailing address <b>Gray Television Group, Inc.</b> <b>115 South Jefferson Street</b> <b>Green Bay, WI 54301</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment in Outagamie County Case # 19-SC-3384</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,728.69</u>
3.11	Nonpriority creditor's name and mailing address <b>Jose Dias, M.D.</b> <b>1600 Gershwin Lane</b> <b>Neenah, WI 54956</b> Date(s) debt was incurred <u>3/23/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment entered in Outagamie County Case Number 2018CV001126</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$110,781.35</u>
3.12	Nonpriority creditor's name and mailing address <b>River Valley One, LLC</b> <b>230 Ohio Street, Suite 200</b> <b>Oshkosh, WI 54902</b> Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Disputed balance arising from terminated lease of premises at 600 North Koeller, Oshkosh, WI</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$115,340.36</u>

Debtor **Urgent Care Physicians, Ltd.** Case number (if known) \_\_\_\_\_  
Name

3.13 Nonpriority creditor's name and mailing address **U.S. Small Business Administration**  
**2 North Street, Suite 320**  
**Birmingham, AL 35203**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$10,009.25**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **PPP Loan (forgivable)**  
Is the claim subject to offset? ☐ No ☒ Yes

3.14 Nonpriority creditor's name and mailing address **Vallier Law, LLC**  
**Attn: Jennifer Vallier**  
**11015 West Oklahoma Ave.**  
**#270734**  
**Milwaukee, WI 53227**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **NOTICE ONLY; attorney for Dial Realty-Appleton, L.L.C.**  
Is the claim subject to offset? ☒ No ☐ Yes

3.15 Nonpriority creditor's name and mailing address **Yuniq Care, Inc.**  
**2979 Lennon Lane**  
**Neenah, WI 54956**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$45,993.60**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **Unsecured loan**  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Attorney Barry Gill</b> <b>Gill &amp; Gill, S.C.</b> <b>501 South Nicolet Road</b> <b>Appleton, WI 54914</b>	Line <b>3.11</b> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Attorney Jason Hirschberg</b> <b>601 Oregon Street, Ste A</b> <b>Oshkosh, WI 54902</b>	Line <b>3.12</b> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Attorney Michael W. Curry</b> <b>McCarty Law LLP</b> <b>2401 E. Enterprise Ave.</b> <b>Appleton, WI 54913-7887</b>	Line <b>3.8</b> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Insolvency Unit West 17, Grp 4-Milwaukee</b> <b>Organization Code: SES:C:AIQ:WI7</b> <b>211 W. Wisconsin Ave, Stop 5301</b> <b>Milwaukee, WI 53203-2221</b>	Line <b>2.2</b> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	5a.	\$	<b>0.00</b>
5b. Total claims from Part 2	5b.	+	<b>852,091.36</b>

Debtor **Urgent Care Physicians, Ltd.**  
Name

Case number (if known)

**5c. Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c.

\$	<b>852,091.36</b>
----	-------------------

Fill in this information to identify the case:

Debtor name **Urgent Care Physicians, Ltd.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Lease of premises at 3329 East Express Court, Appleton, WI; monthly base rent payment of \$8,840.00 beginning Dec 1, 2021 through Dec 1, 2021, with add'l option for 5-year extension**

**Dial Realty-Appleton, L.L.C.  
c/o Charles E. Gabaldon  
311 E. Chicago Street  
Suite 220  
Milwaukee, WI 53202**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Contract for practice management software / electronic data storage (including patient records) month to month**

**Experity  
8777 Velocity Dr.  
Machesney Park, IL 61115**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Lease of x-ray machine - paid based on usage (approx \$35/x-ray), but current agreement is to suspend payments through September as Debtor reorganizes month to month**

**Yuniq Care, Inc.  
2979 Lennon Lane  
Neenah, WI 54956**



**Fill in this information to identify the case:**Debtor name **Urgent Care Physicians, Ltd.**United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Bobby Yun** **2979 Lennon Lane**  
**Neenah, WI 54956**

**Bank of America,**  
**N.A.**

☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Bobby Yun** **2979 Lennon Lane**  
**Neenah, WI 54956**

**Fundbox**

☐ D \_\_\_\_\_  
☒ E/F **3.9**  
☐ G \_\_\_\_\_

**Fill in this information to identify the case:**Debtor name **Urgent Care Physicians, Ltd.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2021** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**

(before deductions and exclusions)

**\$526,825.95****For prior year:**From **1/01/2020** to **12/31/2020**☒ Operating a business☐ Other \_\_\_\_\_**\$1,142,868.62****For year before that:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other \_\_\_\_\_**\$1,386,755.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply*

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Dial Realty-Appleton, L.L.C. c/o Charles E. Gabaldon 311 E. Chicago Street Suite 220 Milwaukee, WI 53202</b>	<b>Monthly rent of approx \$10,700</b>	<b>\$32,100.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Rent</b>
3.2. <b>Bank of America, N.A. 600 North Cleveland Ave. Suite 300 Westerville, OH 43082</b>	<b>Monthly</b>	<b>\$13,500.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>See line 30</b>		<b>\$0.00</b>	

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>River Valley One, LLC vs. Urgent Care Physicians, Ltd. c/o Registered Agents Inc. 20-CV-751</b>	<b>Money Judgment</b>	<b>Winnebago County Circuit Court</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	<b>Dr. Sourasack Vongsa MD vs. Urgent Care Physicians, Ltd. 20-CV-186</b>	<b>Money Judgment</b>	<b>Outagamie County Circuit Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	<b>Gray Television Group, Inc. vs. Urgent Care Physicians, Ltd. 19-SC-3384</b>	<b>Small Claims</b>	<b>Outagamie County Circuit Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	<b>Jose Dias MD vs. Urgent Care Physicians, Ltd. 18-CV-1126</b>	<b>Money Judgment</b>	<b>Outagamie County Circuit Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.5.	<b>See attached list, including multiple small claims collection actions brought by Debtor as plaintiff or co-plaintiff</b>			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
---	---	-------	-----------------------

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>STEINHILBER SWANSON LLP</b> 107 Church Avenue Oshkosh, WI 54901		6/21/2021	\$5,000.00
	Email or website address jmenn@steinhilberswanson.com			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	<b>600 N Koeller St.</b> Oshkosh, WI 54902	07/2016 - 10/2018

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	<b>Urgent Care Physicians</b> 3329 Express Court Appleton, WI 54915	<b>Urgent Care clinic</b>	N/A
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?

## Facility name and address

## Nature of the business operation, including type of services the debtor provides

**Cloud server maintained through Experity**If debtor provides meals and housing, number of patients in debtor's care  
Check all that apply:☒ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Patent's name, picture of driver's license, vitals (sex, weight, height)**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No Go to Part 10.☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?



**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number  
Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To

Name and address	Date of service From-To
26a.1. <b>Alberts &amp; Heling, CPA's LLC</b> <b>1977 American Drive</b> <b>Neenah, WI 54956</b>	<b>2019 - present</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Alberts &amp; Heling, CPA's LLC</b> <b>1977 American Drive</b> <b>Neenah, WI 54956</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. <b>American National Bank</b>
26d.2. <b>Nicolet Bank</b>
26d.3. <b>Wolf River Community Bank</b>
26d.4. <b>CoVantage Credit Union</b>

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No  
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Bobby B. Yun, MD</b>		<b>President and majority shareholder</b>	<b>96.02338% interest</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>Mary Yun (f/k/a Mary Zack), RN</b>		<b>Director, Shareholder</b>	<b>1.92983% interest</b>

Debtor **Urgent Care Physicians, Ltd.**

Case number (if known) \_\_\_\_\_

Name	Address	Position and nature of any interest	% of interest, if any
David Beck, MD		Shareholder	1.81287% interest
Name	Address	Position and nature of any interest	% of interest, if any
Reynaldo F. Guzman, RN		Shareholder	0.23392% interest

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Bobby B. Yun, MD	\$273,961	last year (7/1/2020 - 6/30/2021)	Wages (\$225,961); expense reimbursements (\$48,000)
	Relationship to debtor President, Majority Shareholder, Attending Physician			
30.2	Mary Yun, RN	\$70,961	last year last year (7/1/2020 - 6/30/2021)	Wages
	Relationship to debtor Shareholder, RN			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Debtor **Urgent Care Physicians, Ltd.**

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 15, 2021**

**/s/ Bobby B. Yun**

Signature of individual signing on behalf of the debtor

**Bobby B. Yun**

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Case Info	Judgment / Dismissal Date	Judgment Amount	Disposition
Winnebago County Case Number 2021SC001623 Appleton Emergency Services et al vs. Amber Deutscher	8/4/2021	Pending	Return Date
Outagamie County Case Number 2021TJ000092 Appleton Emergency Services et al vs. Alex Mark Ashman	7/6/2021	\$ 1,835.31	Judgment
Outagamie County Case Number 2021SC001345 Appleton Emergency Services et al vs. Julie P Moravchik	6/7/2021	\$ 257.21	Judgment
Calumet County Case Number 2021SC000063 Appleton Emergency Services et al vs. Emily G. Weinert et al	5/7/2021		Stipulated Dismissal
Winnebago County Case Number 2021SC000914 Urgent Care Physicians vs. Neal J Furman	5/3/2021		Stipulated Dismissal
Outagamie County Case Number 2021SC000741 Appleton Emergency Services et al vs. Kaitlynne M Hunke	5/3/2021		Stipulated Dismissal
Winnebago County Case Number 2020CV00751 River Valley One, LLC vs. Urgent Care Physicians, Ltd. c/o Registered Agents Inc.	4/19/2021		Stipulated Dismissal
Outagamie County Case Number 2021SC000739 Appleton Emergency Services et al vs. Stephanie J Wagner-Kraus	4/16/2021		Stipulated Dismissal
Winnebago County Case Number 2021SC000596 Appleton Emergency Services et al vs. Donald Rivord	4/14/2021	\$ 1,121.27	Judgment
Winnebago County Case Number 2021SC000594 Appleton Emergency Services et al vs. Jordin A. Stone	4/14/2021	\$ 2,958.84	Judgment
Outagamie County Case Number 2021SC000740 Clintonville Area Ambulance Service et al vs. Thomas J Czajka	4/12/2021	\$ 490.15	Judgment
Calumet County Case Number 2021SC000072 Urgent Care Physicians et al vs. Bee Lee Xiong et al	3/23/2021	\$ 969.50	Judgment
Outagamie County Case Number 2021SC000337 Fletcher Chiropractic et al vs. Ashley R. Miller et al	3/22/2021		Vacated Judgment
Winnebago County Case Number 2021SC000363 Shaun P. McDonald MD et al vs. Jodi Garcia	3/16/2021		Letter of Dismissal
Outagamie County Case Number 2021SC000697 Appleton Emergency Services et al vs. Sonja Telin et al	3/15/2021		Letter of Dismissal
Winnebago County Case Number 2021SC000144 Primary Care Associates of Appleton et al vs. Diana Chavez-Mcmillin et al	2/17/2021	\$ 2,387.03	Judgment
Outagamie County Case Number 2021SC000042 Appleton Emergency Services et al vs. Matthew A. Schober	2/10/2021		Stipulated Dismissal
Outagamie County Case Number 2021SC000139 Appleton Emergency Services et al vs. Aaron M. Raschka et al	2/8/2021	\$ 133.06	Judgment

Outagamie County Case Number 2021SC000138 Appleton Emergency Services et al vs. John C. Turner	2/5/2021			Stipulated Dismissal
Outagamie County Case Number 2020SC002042 Appleton Emergency Services et al vs. Mikaela McMullen	9/28/2020	\$	577.36	Judgment
Outagamie County Case Number 2020SC002034 Appleton Emergency Services et al vs. Kelly A Socha et al	9/23/2020			Stipulated Dismissal
Calumet County Case Number 2020SC00261 Primary Care Associates of Appleton et al vs. Kris A Sherry et al	8/25/2020			Dismissed
Outagamie County Case Number 2020SC001584 Appleton Emergency Services et al vs. George Louvaris et al	8/19/2020			Dismissed - Vacate Judgment
Winnebago County Case Number 2020SC001488 Kern Tools et al vs. Nathian Kaiser	9/4/2020	\$	3,656.34	Judgment
Outagamie County Case Number 2020SC001514 Appleton Emergency Services et al vs. Beth A Kimmel	7/31/2020			Dismissed
Outagamie County Case Number 2020SC001505 Appleton Emergency Services et al vs. Leah Feldkamp et al	8/4/2020	\$	261.79	Judgment
Outagamie County Case Number 2020SC001390 Appleton Emergency Services et al vs. Allen P. Serling	7/6/2020			Stipulated Dismissal
Outagamie County Case Number 2020SC001388 Appleton Emergency Services et al vs. Jordan P Olk	7/20/2020	\$	252.50	Judgment
Outagamie County Case Number 2020SC001300 Appleton Emergency Services et al vs. David & Krista Serrato	7/13/2020	\$	363.35	Judgment
Outagamie County Case Number 2020C001253 Appleton Emergency Services et al vs. Matthew Zeller et al	7/6/2020	\$	163.22	Judgment
Outagamie County Case Number 2020SC001246 Appleton Emergency Services et al vs. Trevor J Vanpatter	6/26/2020			Dismissed
Winnebago County Case Number 2020SC001068 Neuroscience Group et al vs. Sheryl Dingman	6/24/2020	\$	2,442.76	Judgment
Winnebago County Case Number 2020SC001063 Urgent Care Physicians et al vs. Tracy R. Wrobel	6/24/2020	\$	779.11	Judgment
Winnebago County Case Number 2020SC001059 Primary Care Associates of Appleton et al vs. Brianna C. Bernard	6/24/2020	\$	884.95	Judgment
Outagamie County Case Number 2020SC001090 Appleton Emergency Services et al vs. Sheena K Myers	6/15/2020	\$	135.12	Judgment
Winnebago County Case Number 2020SC00805 Anesthesia Services Fox Valley et al vs Shannon Hayes et al	9/15/2020	\$	1,221.39	Judgment
Winnebago County Case Number 2020SC000793 Anesthesia Services Fox Valley et al vs. Kathleen Griesse et al	10/28/2020	\$	1,652.32	Judgment - Full Satisfaction



Outagamie County Case Number 2020SC000721 Neuroscience Group et al vs. Wendy Lee Holten	8/18/2020	\$	268.60	Judgment
Outagamie County Case Number 2020SC000716 Appleton Emergency Services et al vs. Richard M. Kayser	6/8/2020	\$	264.00	Judgment
Outagamie County Case Number 2020SC000711 Appleton Emergency Services et al vs. Sarah J Meulemans-Mchugh	6/8/2020			Stipulated Dismissal
Winnebago County Case Number 2020SC000509 Appleton Emergency Services et al vs. Brandon James Smith	3/11/2020	\$	2,246.72	Judgment
Outagamie County Case Number 2020CV000186 Dr. Sourasack Vongsa MD vs. Urgent Care Physicians, Ltd.	8/3/2020	\$	231,938.55	Judgment
Calumet County Case Number 2020SC000061 Appleton Emergency Services et al vs. Ashley Lynn Schmitt	3/31/2020	\$	5,105.12	Judgment
Outagamie County Case Number 2020SC000480 Appleton Emergency Services et al vs. Steven C Malsavage et al	2/28/2020			Stipulated Dismissal
Winnebago County Case Number 2020SC000247 Appleton Emergency Services et al vs. Geryd Lee Steffek	1/31/2020			Stipulated Dismissal
Winnebago County Case Number 2020SC000244 Neuroscience Group et al vs. Adam J. Tate et al	2/19/2020	\$	4,130.81	Judgment
Outagamie County Case Number 2020SC000133 Neuroscience Group et al vs. Aleeshia V Dettloff et al	2/3/2020			Stipulated Dismissal
Winnebago County Case Number 2019SC004181 Neuroscience Group et al vs. Joshua P Fieldhack	1/29/2020			Dismissed
Calumet County Case Number 2019SC000765 Neuroscience Group et al vs. Jesse C Rupiper et al	1/17/2020			Dismissed
Calumet County Case Number 2020SC000764 Urgent Care Physicians vs. Connie Meetz	1/21/2020	\$	1,095.58	Judgment
Calumet County Case Number 2020SC000763 Urgent Care Physicians et al vs. John Bernard Packett et al	1/21/2020	\$	2,818.99	Judgment
Outagamie County Case Number 2019SC003975 Appleton Emergency Services et al vs. Jason W Pieters et al	1/9/2020			Stipulated Dismissal
Brown County Case Number 2019SC0006948 Urgent Care Physicians et al vs. Joy Saunders-Burgbacher	1/8/2020	\$	2,416.06	Judgment

**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

In re **Urgent Care Physicians, Ltd.**

Debtor(s)

Case No.

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	TBD at hourly rates
Prior to the filing of this statement I have received .....	\$	<b>5,000.00</b>
Balance Due .....	\$	TBD at hourly rates

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Advice on duties and obligations as Debtor; Necessary creditor, court and Trustee contacts**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Services requiring special expertise not available in-house.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 15, 2021**

*Date*

**/s/ John W. Menn**

**John W. Menn 1073739**

*Signature of Attorney*

**STEINHILBER SWANSON LLP**

**107 Church Avenue**

**Oshkosh, WI 54901**

**920-235-6690 Fax: 920-426-5530**

**jmenn@steinhilberswanson.com**

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re **Urgent Care Physicians, Ltd.**

Debtor(s)

Case No.  
Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
---	----------------	----------------------	------------------

**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **July 15, 2021**

Signature **/s/ Bobby B. Yun**  
**Bobby B. Yun**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re **Urgent Care Physicians, Ltd.**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **July 15, 2021**

**/s/ Bobby B. Yun**

**Bobby B. Yun/President**

Signer/Title

AmEx Amazon Business  
PO Box 650448  
Dallas, TX 75265-0448

Attorney Barry Gill  
Gill & Gill, S.C.  
501 South Nicolet Road  
Appleton, WI 54914

Attorney Jason Hirschberg  
601 Oregon Street, Ste A  
Oshkosh, WI 54902

Attorney Michael W. Curry  
McCarty Law LLP  
2401 E. Enterprise Ave.  
Appleton, WI 54913-7887

Bank of America, N.A.  
600 North Cleveland Ave.  
Suite 300  
Westerville, OH 43082

BMO Harris Bank  
111 West Monroe Street  
Chicago, IL 60603

BoA MC Business Card  
PO Box 15796  
Wilmington, DE 19886-5796

Bobby B. Yun, MD  
2979 Lennon Lane  
Neenah, WI 54956

Bobby Yun  
2979 Lennon Lane  
Neenah, WI 54956

Chase SW VISA  
Cardmember Service  
PO Box 6294  
Carol Stream, IL 60197-6294

Citi VISA Costco Business  
PO Box 9001016  
Louisville, KY 40290-1016

Department of Workforce Development  
Division of Unemployment Insurance  
Collections - Tax  
P.O. Box 7945  
Madison, WI 53707-7945

Dial Realty-Appleton, L.L.C.  
c/o Charles E. Gabaldon  
311 E. Chicago Street  
Suite 220  
Milwaukee, WI 53202

Dr. Matthew Bennett  
Estrella Pediatrics  
9305 West Thomas Road, Suites 125 and 57  
Phoenix, AZ 85037

Dr. Sourasack Vongsa, MD  
1376 Whispering Pines Lane  
Neenah, WI 54956

Experity  
8777 Velocity Dr.  
Machesney Park, IL 61115

Fundbox  
6900 Dallas Pkwy, Suite 700  
Plano, TX 75024

Gray Television Group, Inc.  
115 South Jefferson Street  
Green Bay, WI 54301

Insolvency Unit West 17, Grp 4-Milwaukee  
Organization Code: SES:C:AIQ:WI7  
211 W. Wisconsin Ave, Stop 5301  
Milwaukee, WI 53203-2221

Internal Revenue Service  
Centralized Insolvency Operation  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Jose Dias, M.D.  
1600 Gershwin Lane  
Neenah, WI 54956

River Valley One, LLC  
230 Ohio Street, Suite 200  
Oshkosh, WI 54902

U.S. Small Business Administration  
2 North Street, Suite 320  
Birmingham, AL 35203

Vallier Law, LLC  
Attn: Jennifer Vallier  
11015 West Oklahoma Ave.  
#270734  
Milwaukee, WI 53227



Wisconsin Department of Revenue  
Special Procedures Unit  
P.O. Box 8901  
Madison, WI 53708-8901

Yuniq Care, Inc.  
2979 Lennon Lane  
Neenah, WI 54956

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re **Urgent Care Physicians, Ltd.**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Urgent Care Physicians, Ltd.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**July 15, 2021**

Date

**/s/ John W. Menn**

**John W. Menn 1073739**

Signature of Attorney or Litigant  
Counsel for **Urgent Care Physicians, Ltd.**

**STEINHILBER SWANSON LLP**

**107 Church Avenue**

**Oshkosh, WI 54901**

**920-235-6690 Fax: 920-426-5530**

**jmenn@steinhilberswanson.com**